

ALTERNATIVE VETERANS COMBAT STATUS UPGRADE/UPDATE

APPLICATION FOR TAX YEAR 2. Mailing address of all owners & spouses Name of all owners & spouses 3. Home/Cell #: Email: 4. Suffolk County Tax Map #: District Section **Block** Lot or Name of Co-op: _Total shares: _____ Shares to the unit: _ 5. Active service dates when combat status was achieved (please provide proof-see below): To: PLEASE ATTACH A COPY OF YOUR DD214, DD215, OR SEPARATION PAPERS, MUST SHOW PROOF OF COMBAT DATES AND MEDALS.

DISCHARGE MUST BE UNDER HONORABLE CONDITIONS.

SIGNATURES for <u>ALL</u> OWNERS and SPOUSES of, are <u>REQUIRED</u> for APPLICATION TO BE COMPLETE. FAILURE TO DO SO WILL RESULT IN DENIAL OF THE EXEMPTION.

I (we) hereby certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the penalties prescribed in the Penal Law.

M.I.	Last Name	Marital Status	Signature	Date
M.I.	Last Name	Marital Status	Signature	Date

	Town of Brookhaven Long Island
	tment of the Assessor
	dependence Hill
Farmir	ngville, NY 11738

FILL IN NAME AND ADDRESS IN BOX BELOW						

Filing Deadline: MAY BE FILED NOW, UP TO BUT NO LATER THAN MARCH 1ST.

Applications Accepted: In Person:

Monday through Friday 9:00 AM to 4:30PM

Mail: Must be POSTMARKED no later than March 1st

Assessor's Office / Veterans One Independence Hill Farmingville, NY 11738

WHEN MAILING, REGISTERED/RETURN RECEIPT IS RECOMMENDED KEEPING US INFORMED

Please remember, when completing your application, to provide us with your <u>latest</u> personal contact information; such as, your home phone number, cell number, email address, mailing address, etc....

By providing this information, we will have the ability to contact you concerning any changes to your real property tax exemptions.

ANY CHANGES MUST BE REPORTED TO THE ASSESSOR'S OFFICE PROMPTLY:

It is the responsibility of the property owner or their next of kin/power of attorney to notify this office of <u>ALL</u> important changes/updates. Proof is required for any changes in: <u>ownership</u>, <u>trust</u>, <u>marital status</u>, <u>death</u>, <u>or primary residence</u>.

Thank you for keeping us up to date, so that we may better serve you.

Thank You,

Richard P. DeBragga

Richard P. DeBragga

Assessor

For information or questions:

Office of the Assessor 631-451-6300

Veterans Service Agency

Riverhead 631-852-1410 Hauppauge 631-853-8387

Stony Brook 631-444-8759

Town of Brookhaven Veteran Service Agency

631-451-6574

TOWN OF BROOKHAVEN ALTERNATIVE VETERANS COMBAT STATUS UPGRADE/UPDATE RECEIPT

	INDUCTION I	
Suffolk County Tax Map # or Name of Co-op		
ltem #		